

**\*Calendar Year 2017**



# ***MAYFLOWER MUNICIPAL HEALTH GROUP***

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**OVERVIEW OF BENEFITS FOR RETIREES ENROLLED IN MEDICARE A & B**  
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\*PLEASE NOTE THIS IS A CALENDAR YEAR BENEFIT SUMMARY/RATES AND BENEFITS MAY CHANGE JANUARY 1, 2018 AND YOU WILL BE NOTIFIED\*

**Overview of Medicare and the following Medicare Supplement Plan:**

(all subscribers **MUST** maintain enrollment in Medicare Parts A & B to be eligible for the following supplemental plan):

**BLUE CROSS BLUE SHIELD MEDEX II WITH BLUE MEDICARE RX PDP PLAN**

**\*\*MEDICARE RETIREES EFFECTIVE 7/1/2017\*\***

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## CY18 Mayflower Municipal Health Group Plan Benefit Overview of Medicare/Medicare Supplement Plan

Effective 7-1-2017		BLUE CROSS BLUE SHIELD
	Medicare A & B	Medex II with Blue Medicare RX PDP plan Includes medicare benefit
<b>Deductible</b>	Part A - \$1,316 inpatient per benefit period. Part B - \$183 per calendar year	None
<b>Calendar Year Coinsurance Maximum</b>	None	None
<b>Lifetime Benefit Maximum</b>	None	None
<b>BENEFIT</b>	<b>Medicare A &amp; B</b>	<b>Medex II</b>
<b>INPATIENT</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>General Hospital, Mental Hospital, Substance Abuse Facility (semi-private room and board and special services)</b>	Nothing after \$1,316 inpatient deductible for 60 days; then \$329 daily coinsurance days 61-90; then \$658 daily coinsurance for 60 lifetime reserve days.	Nothing to 365 days
<b>Physician Services, Surgical Charges, Anesthesia and Consultations.</b>	20% coinsurance	Nothing to 365 days
<b>Skilled Nursing Facility</b>	Nothing for 20 days; \$164.50 daily coinsurance days 21-100. All costs for each day after day 100 in a benefit period	Nothing up to 100 days per benefit period, then the amount in excess of \$16 per day from day 101 thru day 365
<b>Rehabilitation Hospital</b>	Nothing after \$1,316 inpatient deductible for 60 days; then \$329 daily coinsurance days 61-90; then \$658 daily coinsurance for 60 lifetime reserve days.	Nothing to 100 days per benefit period; then \$16 per day from day 101 thru day 365
<b>OUTPATIENT</b>		
<b>Emergency Room Visits for Emergency or Accident Care</b>	20% coinsurance	Nothing
<b>OutPatient Surgery</b>	20% coinsurance	Nothing
<b>Radiation and Chemotherapy</b>	20% coinsurance	Nothing

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		Includes medicare benefit
OUTPATIENT cont.	YOU PAY	YOU PAY
Hemodialysis	20% coinsurance	Nothing
Physical Therapy	20% coinsurance	Nothing
Mental Health & Substance Abuse	Please see Medicare Benefits as described in your Medicare Benefits Handbook for mental health.	Nothing
Alcoholism treatment	Please see Medicare Benefits as described in your Medicare Benefits Handbook for mental health.	Nothing
Routine Physical Exams	\$0 co-pay for "Welcome to Medicare" visit within the first 12-months that you have Part B. \$0 co-pay annual physical once per calendar year after 12 months of Part B.	All charges  (when not covered by Medicare)
Routine GYN Exam	\$0 (1 visit every 24 months or 1 visit every 12 months if at high risk)	Nothing (1 visit every 2 years)
Routine Vision & Hearing Screenings	All Charges	All charges
Office Visit -Clinic , Medical, Specialist	20% coinsurance after \$183 calendar year deductible met	Nothing
Diagnostic Lab & X-Ray	20% coinsurance after \$183 calendar year deductible met	Nothing
Visiting Nurse Home Health Care	Nothing	Nothing
Durable Medical Equipment	20% coinsurance	Nothing

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OUTPATIENT cont.	YOU PAY	YOU PAY
Ambulance (when medically necessary)	20% coinsurance	Nothing
Chiropractor Visits	20% coinsurance after \$183 Part B deductible only for manual manipulation of the spine to correct a subluxation that can be shown by x-ray. All charges for other services.	Nothing only for manual manipulation of the spine to correct a subluxation that can be shown by x-ray. 80% of the allowed charge by a chiropractor when covered by Medicare.
Prescription Drugs		Blue Medicare RX PDP Plan
Retail pharmacy & mail order	All charges	Formulary drugs: Retail Pharmacy: \$5 copay for Generic \$10 copay for brand formulary \$25 copay for Brand non-formulary Mail order: \$10 copay for Generic \$20 copay for brand formulary \$50 copay for Brand non-formulary  30-day supply retail pharmacy or 90-day supply mail service  Non-formulary drugs: all charges
OTHER BENEFITS		
Fitness	N/A	\$150 Fitness club reimbursement benefit per calendar year.
MMHG Wellness Program	"BENEFICIAL WELLNESS NEWS" QUARTERLY NEWSLETTER, WALKING PROGRAMS, MONTHLY HEALTH LINKS, WELLNESS SEMINARS/SCREENINGS, INCENTIVE PROGRAMS, FITNESS CENTER DISCOUNTS, WORKPLACE FLU CLINICS, HEALTHY RESOURCES POSTED ON OUR WEBSITE/FACEBOOK/TWITTER & MORE  (PARTICIPATION IN CERTAIN PROGRAMS MAY VARY BY MEMBER UNIT. PLEASE CHECK WITH YOUR BENEFIT COORDINATOR OR WELLNESS COORDINATOR AND OUR WEBSITE -www.MMHG.org- FOR MORE INFORMATION)	
***ALL SUBSCRIBERS MUST MAINTAIN ENROLLMENT IN MEDICARE PARTS A & B TO BE ELIGIBLE FOR THE ABOVE NAMED SUPPLEMENTAL PLAN***		
Medex Subscribers can live anywhere in the US; may see any doctor who accepts Medicare, do not need to select a PCP and do not need referrals.		
ANYTHING THAT APPEARS IN ITALIC BOLD TYPE INDICATES A CHANGE IN THE BENEFIT OR WORDING FROM THE PREVIOUS YEAR. PLEASE NOTE: MEDICARE/MEDEX II/BLUE MEDICARE RX ARE CALENDAR YEAR PLANS		
Disclaimer: This comparison summarizes benefits of the plan(s) and is not a definitive statement of benefits. The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern. Please call the "member service" phone number on your ID card for specific coverage questions.		
Reviewed by Blue Cross Blue Shield of Massachusetts.		